(070) Urt	an Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
_<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	qstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

l certify that I am an officer or employee o form and in any attachments is accurate.	of the reporting carrier; my resp	onsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported	d on this
Name of Reporting Carrier: Texa	as 10, LLC		
Signature of Authorized Officer:		Date	
Printed name of Authorized Officer:	Chad Strausbaugh		
itle or position of Authorized Officer:	Staff Counsel		
elephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448015	Filing Due Date for this form: 07/01/2016	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and Name of Authorized Agent:	and data provided to the authorized agent is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	Date.
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be puni und	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of m	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ager	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment unde Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448015	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif	ied in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State		THE STATE OF THE S	
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	nt (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Updatė Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	131140.00
<203>	Total Mobility Fund Support Disbursed	120098.01
<210>	Actual Completion Date	07/27/2015
<211>	Project Status Description (attached)	448015 PSD TX.pdf
\Z1#>	rioject status bescription (attacheu)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Cer	ification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448015	
<015>	Study Area Name	Texas 10, LLC	
<015> <020>	Study Area Name Program Year	Texas 10, LLC 2016	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer: Chad Strausbaugh				
Fitle or position of Authorized Officer: Staff Counsel				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 448015	Filing Due Date for this form: 07/01/2016			

Approved by OMB OMB Control No. 3060-1185	(102) Certification - Agent / Carrier	FCC Form 690
		OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

the reporting carrier. I
e authorized
-
**- · · · · · · · · · · · · · · · · · ·

riso

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of F	Reporting Carrier
, as agent for the reporting carrier, certify that I am auth eported herein based on data provided by the reporting	orized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo	nalf of the reporting carrier; I have provided the data orted herein is accurate.
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

		Performance l	
HARBERT CO.	行品を行うのを行りませ	verrormance.	
8. 3/10/85/1. Blitterill	etarian Luciocoanan	llen handre de drie det maket trate e fin	lakok elertrika (IIIIII)

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448015
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

State County Census Block Resident Population per Population per Population per Newly Resched By Service Total Resident Per Population per Population per Newly Resched By Service Road Miles per Census Block Wiles per Census Block Newly Reached By Service Total Resident Per Population per Population per Census Block Newly Reached By Service Total Resident Per Population per Census Block Newly Reached By Service Total Resident Per Population per Census Block Newly Reached By Service By Service Block Newly Reached By Service Block Newly Reached By Service Block Newly Reached By Service By Service Block Newly Reached By Service By	<a1></a1>	<92>	<a3></a3>	41 5	<b2></b2>	<b3></b3>	<c1></c1>	<62>	<c8></c8>	<d><d></d></d>
TX 0 0 0.0 0.0 0.0 0.0 Yes	State		Census Block	Population per	Population Newly Reached	Population Reached by	per Census	per Census Block Newly	Miles covered per	Coverage and Performacne data is uploaded
	TX	Leon	0000	0	0	0	0.0		0.0	Yes
		<u>-</u>					,			
	··· ···									
										
							11.10			

Percentage of Total Population Reached by Service

0				

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448015

County/State: Leon, TX

Total Award Amount: \$131,140.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

4.4 (4.7)	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448016	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	aaskaad ti iiad
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	JUN 1 7 2016 Federal Communications Commission
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Office of the Secretary
		starin sakan kalan masa mensamban mensamban mengan mengan sakan sakan sakan sakan sakan sakan sakan sakan saka	884 (1998)
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(1) <040> (O)
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448016	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif		6105356474 ext.	
7	Carrier / Mobility Fund Phase 1 Winning Bidder	med in data line 3000	cstrausbaudh@cellonenation.com	44.
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		-
<119>	Email Address	cstrausbaugh@cellon	enation.com	W-W-M
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Dris Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellone		
Authorize	d Agent Information if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code .			
<136>	Telephone Number	****		· · · · · · · · · · · · · · · · · · ·
<137>	Fax Number			
<138>	Email Address		****	
-230-	-			

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	448016		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com		
<140>	Coverage and Performance Report Year 08/2015 - 07/2016			

	448016_CPRd_TX.zip
Coverage and Performace attachments	

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<db< th=""></db<>
itate	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			(See attach	ed works	neet			
							-		
								1	

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	L

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
(U/U) Ordan Rate Comparadimy Certification Compilance	FIGURE TOTAL STORY
	Approved by OMB
	OMB Control No. 3060-1185
	CHILD CONTROL HO. SCOOL TIOS
	Page 4.of 8

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer o	Employee as to Compliance with 47 CFR §54.1009(a)(4)
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas	s 10, LLC	
Signature of Authorized Officer:	_	Date
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448016	Filing Due Date for this form: 07/01/2016
Persons willfully making false statemen	•	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment le 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Comp	liance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
ertify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting		
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsil		
authorized agent; and, to the best of my knowledge, the reports and data provided to the a	uthorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer or Employee:	Date:	
Printed name of Authorized Officer or Employee:		
Title or position of Authorized Officer or Employee:		
Telephone number of Authorized Officer or Employee:		
Study Area Code of Reporting Carrier: Filing Due	e Date for this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture und under Title 18 of the United State		

Certification of Agent Author	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based only knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448016	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding t	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation		ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	,
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448016
<020>	Program Year	Texas 10, LLC 2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
	<u> </u>	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	139783.38
<203>	Total Mobility Fund Support Disbursed	127873.84
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	448016_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(and so, and and so an
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
	,	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilitie lest of my knowledge, the information reported on this form and in a	s include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the ny attachments is accurate.
lame of Reporting Carrier: Texas 10, LLC	
ignature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
itle or position of Authorized Officer:	
elephone number of Authorized Officer: 6105356474 ext.	
itudy Area Code of Reporting Carrier: 448016	Filing Due Date for this form: 07/01/2016

(102) Certification - Agent / Carrier	***	FCC Form 690
		Approved by OMB
		Approved of Cities
		OMB Control No. 3060-1185
		Page 8 of 8
	**************************************	1.050.00

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reportion	
also certify that I am an officer of the reporting carrier; magent; and, to the best of my knowledge, the reports and	ponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorize provided to the authorized agent is accurate.	đ
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
· - · · · · · · · · · · · · · · · · · ·	thorized to submit the reports for Mobility Fund recipier ig carrier; and, to the best of my knowledge, the informa	nts on behalf of the reporting carrier; I have provided the data ation reported herein is accurate.				
Name of Reporting Carrier:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:		Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Age	ent					
Telephone number of Authorized Agent or Employee of	Agent:	•				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
Persons willfully making false statements on this form	m can be punished by fine or forfeiture under the Communication 18 of the United States Code, 18 U.S.C. § 1	ons Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 001.				

Attachments

			CC Form 690
060) Coverage and Performance Report			
			oproved by OMB
			MB Control No. 3060-1185

<010>	Study Area Code	448016
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<a1> <a2> <a3> <b5> <b5> <b5> <c1> <c2> <c2> < <c3> <cb Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Population per Census Resident Population **Road Miles** covered per data is uploaded Newly Reached by Service Block Newly Population per Reached by per Census Census Block (yes/no) Census Block Census Block Service Block Reached State County Leon 0000 ТX 0 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

<141>

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448016

County/State: Leon, TX

Total Award Amount: \$139,783.38

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

PER 2007 TX 610	Fund §54.1009 Annual Reporting lection Form		Avg. Bur	FCC Form Approved by OMB OMB 3060-1185 den Estimate per Respondent: 18 Hours
<010>	Study Area Code	448017		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 17 2016
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	<u>N)</u> <040>	•
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	der Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448017	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding to	his data	Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie		6105356474 ext.	- 10.00
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	eu iii data iiiie <050>	cstrausbaugh@cellonenation.com	
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon		
<120> <121> <122> <123> <124> <125> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Driv Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellone		
Authorized	d Agent Information if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)	7.4		
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	**	7/8/8	
<138>	Email Address	·		
	_			

(060) Co	veräge and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of B
<010>	Study Area Code	448017	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	448017_CPRd Coverage and Performace attachments	TX.zip	

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<	<b2></b2>	<b3></b3>	<cl></cl>	<c2></c2>	<c3></c3>	<d>></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service		Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				\	<u>see attach</u>	<u>ed worksl</u>	neet			<u> </u>
		<u> </u>							<u></u>	

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

Market and a second	
(070) Urban Rate Comparability Certification Compliance	FCC Form 690
(,	rucram 030
	Approved by OMB
	Approved by Own
	OMB Control No. 3060-1185
	Only Control Te. 3000 1163
	Page 4 of 8

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	***	Date		
Printed name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
itudy Area Code of Reporting Carrier:	448017	Filing Due Date for this form: 07/01/2016		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Name of Reporting Carrier: Signature of Authorized Officer or Employee: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Name of Reporting Carrier:	carrier. I also certify that I am an officer or employee of the reportin	g carrier; my responsibilities include ensuring compliance with 47 CFR 654.1009(a)(4) reported to the
Name of Reporting Carrier: Signature of Authorized Officer or Employee: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	authorized agent; and, to the best of my knowledge, the reports and	data provided to the authorized agent is accurate.
Signature of Authorized Officer or Employee: Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	Name of Authorized Agent:	
Printed name of Authorized Officer or Employee: Title or position of Authorized Officer or Employee:	Name of Reporting Carrier:	
Title or position of Authorized Officer or Employee:	Signature of Authorized Officer or Employee:	Date:
	Printed name of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	Title or position of Authorized Officer or Employee:	
	Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Due Date for this form:	Study Area Code of Reporting Carrier:	Filing Due Date for this form:
		d by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment itle 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:	The state of the s		
Signature of Authorized Agent or Employee of Agent:	Date:		
lame of Authorized Agent Employee:			
itle or position of Authorized Agent or Employee of Agent			
elephone number of Authorized Agent or Employee of Agent:			
study Area Code of Reporting Carrier:	Filing Due Date for this form:		
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		